

STATE EMPLOYEES' DEFERRED COMPENSATION PLAN DISTRIBUTION METHOD ELECTION FORM FOR PARTICIPANTS

Please type or print clearly in ink. Initial any corrections, additions, deletions or changes in pen. Complete all sections. For more information, call the Deferred Compensation Office at 1-800/442-1300, 1-217/782-7006 or TDD 1-217/785-3979.

Last Name	First	Middle	Social Security Number	
Street	<input type="checkbox"/> CHECK BOX IF THIS IS A NEW ADDRESS		City	State
Home Phone Number		Office Phone Number, if applicable		Date of Birth
Date of Separation from State				

READ THIS INFORMATION COMPLETELY

1. You may start, stop and change your distribution election once every quarter by completing a new Distribution Method Election Form provided by the Deferred Compensation Office. ***Do not contact T. Rowe Price to change your distribution decision.***
2. If the value of your account is under \$5,000, you may wait to take your distribution, receive a lump sum payment or rollover your account into another retirement plan.
3. Payments are mailed or direct deposits are initiated on the Friday following the second Thursday of each month.

SECTION A: REASON FOR ELECTION

- ☐ First distribution election
- ☐ Change current distribution, or making a subsequent or additional election
- ☐ Stop distribution payments (If you are age 70 1/2 or older, you must still satisfy minimum distribution requirements.)

To be completed by Deferred Compensation Staff

**Effective Date of this
 Distribution Form** _____
 (month/year)

SECTION B: BENEFIT PAYMENT (You must be separated from State service 30 days prior to being eligible for a distribution)

- ☐ A lump sum distribution of the entire balance. (There is no direct deposit available on lump sum payouts)
- ☐ A partial lump sum of \$_____
- ☐ Resume distributions at a later date. (If you are age 70 1/2 or older, you must still satisfy minimum distribution requirements.)
- ☐ Followed by installments as designated below.
- ☐ Installments paid: ☐ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually
- You may request your installment payments to be deposited directly into your bank account.*
- Type of installment (choose one): _____ To start on _____ .
 (month/year)
- ☐ Payments paid over recalculated life expectancy.
- ☐ Payments paid over _____ years.*
- ☐ Fixed payments of \$_____.*
- *The payment amount will be monitored to comply with Federal Regulations and may have to be adjusted after you reach age 70 1/2.

- ☐ Rollover out of this Plan to another retirement Plan or IRA - Rollovers will be distributed the first accounting date after all required forms are processed by this Plan. All money transferred will assume the characteristics of the receiving Plan.

- ☐ 401 Plan
- ☐ 403(b) Plan
- ☐ Governmental 457 Plan
- ☐ Traditional IRA
- ☐ Other _____

 Name of Retirement Plan or IRA Provider

 Address of Retirement Plan or IRA Provider

 Contact Person and Phone Number

SECTION C: ACCOUNT LESS THAN \$5,000

- ☐ Distribute as a lump sum.
- ☐ Transfer to another Plan or IRA. (Complete plan information above)

SIGNATURE X _____ DATE _____

Send all copies of completed form to the Deferred Compensation Office.

In compliance with the State and Federal Constitution, the Illinois Human Rights Act, the Americans with Disabilities Act, and Section 504 of the Federal Rehabilitation Act, the Department of Central Management Services does not discriminate in employment, contracts, or any other activity.